CITY OF SAVANNAH – REVENUE DEPARTMENT Treasury Division

NOTICE TO BUSINESS OWNER REQUIREMENT FOR INSPECTION/ZONING APPROVAL

NAME OF BUSINESS:	
NAME OF OWNER:	
BUSINESS LOCATION:	
BUSINESS ACTIVITY:	
HOME PHONE:	BUSINESS PHONE:
or nature of business activity being conductor permitted by and conforms to the zoning of	ner or operator to make certain that the type ted at any location in the City of Savannah is rdinances of the City. Use or activity means nant activity and all other business activity
conforming to the use requirements in the	Certificate, are uncertain as to your business zone where your business is located, you opment Services Department at 651-6530 to ng and/or Zoning codes.
your business activity is	your business until you are certain permitted at that location.
I have read this notice and understand meets all occupancy and zoning requirement my business.	y responsibility to ensure that my business ents of the City of Savannah before opening
OWNER/APPLICANT	DATE
ZONING OFFICIAL SIGNATURE	DATE